

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2	09 / 11 / 2017		GMHA SKILLED NURSING UNIT-DIETETIC SERVICES	
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	10:20 AM	12:30 PM	GUAM MEMORIAL HOSPITAL AUTHORITY	
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	A	SANITARY PERMIT NO.		LOCATION (Address)	
Other:	<input type="checkbox"/>	<input type="checkbox"/>		170000690		#4489 NORTH SABANA DRIVE, BARRIGADA HEIGHTS	
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations		RISK CATEGORY
CAFETERIA			4	633-1818			4
					No. of Repeat Risk Factor/Intervention Violations		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="radio"/> IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="radio"/> IN	OUT	Management awareness; policy present			6
3	<input checked="" type="radio"/> IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="radio"/> IN	OUT	N/A	N/O		6
5	<input checked="" type="radio"/> IN	OUT	N/A	N/O		6
Preventing Contamination by Hands						
6	<input checked="" type="radio"/> IN	OUT	N/A	N/O		6
7	<input checked="" type="radio"/> IN	OUT	N/A	N/O		6
8	<input checked="" type="radio"/> IN	OUT				6
Approved Source						
9	<input checked="" type="radio"/> IN	OUT				6
10	<input checked="" type="radio"/> IN	OUT	N/A	N/O		6
11	<input checked="" type="radio"/> IN	OUT				6
12	<input checked="" type="radio"/> IN	OUT	N/A	N/O		6
Protection from Contamination						
13	<input checked="" type="radio"/> IN	OUT	N/A			6
14	<input checked="" type="radio"/> IN	OUT	N/A			6
15	<input checked="" type="radio"/> IN	OUT				6
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="radio"/> IN	OUT	N/A	N/O		6
17	<input checked="" type="radio"/> IN	OUT	N/A	N/O		6
18	<input checked="" type="radio"/> IN	OUT	N/A	N/O		6
19	<input checked="" type="radio"/> IN	OUT	N/A	N/O		6
20	<input checked="" type="radio"/> IN	OUT	N/A			6
21	<input checked="" type="radio"/> IN	OUT	N/A	N/O		6
Consumer Advisory						
22	<input checked="" type="radio"/> IN	OUT	N/A			6
Highly Susceptible Populations						
23	<input checked="" type="radio"/> IN	OUT	N/A			6
Chemical						
24	<input checked="" type="radio"/> IN	OUT	N/A			6
25	<input checked="" type="radio"/> IN	OUT				6
Conformance with Approved Procedures						
26	<input checked="" type="radio"/> IN	OUT	N/A			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled; original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="radio"/> X		Physical facilities installed, maintained, and clean			1
53	<input checked="" type="radio"/> X		Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) ANNE KOF PINTRE
 DEH Inspector (Print and Sign) LEILANI NAVARRO, EPHO/I

Date: 9/11/17

Follow-up (Circle one): YES ☒ NO ☐ Follow-up Date N/A

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ESTABLISHMENT NAME GMHA SKILLED NURSING UNIT-DIETETIC SERVICES		LOCATION (Address) # 4489 N. SABANA DR., BARRIGADA HEIGHTS
INSPECTION DATE 09 / 11 / 2017	SANITARY PERMIT NO. 170000690	PERMIT HOLDER GUAM MEMORIAL HOSPITAL AUTHORITY

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
BAKED CHICKEN / WARMER	152.5	CUT TDM / WALK-IN CHILLER	38.0
BAKED FISH / WARMER	122.0 *	RAW BEEF / WALK-IN CHILLER	40.5
STEAMED RICE / WARMER	141.5	RAW CHICKEN / WALK-IN CHILLER	40.5
BAKED FISH FLAKES / WARMER	124.0 *		
BAKED FISH FLAKES / REHEATED	130.5 ; 192.5		
MASHED POTATO / SERVICE LINE	141.0		
BAKED FISH / REHEATED	125.0 ; 179.5		
FISH IN TOMATO SAUCE / COOKING	169.0		
ARROZ CALDO / SERVICE LINE	142.0		
CUT CANTALOUPE / WALK-IN CHILLER	39.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR, QUARTERLY INSPECTION WAS CONDUCTED TODAY. THE VIOLATION ON PREVIOUS INSPECTION DATED 06/20/17 WAS NOT CORRECTED (ITEM # 53), AND THE FOLLOWING NEW VIOLATIONS WERE OBSERVED:	
17	POTENTIALLY HAZARDOUS FOOD (PHF) / TIME AND TEMPERATURE CONTROL FOR SAFETY (TCS) FOOD (SEE ** ON TEMPERATURE OBSERVATIONS) DID NOT MEET TEMPERATURE REQUIREMENT FOR REHEATING. CORRECTIVE ACTION: SAID FOOD WERE REHEATED SOME MORE UNTIL THEY REACHED 165°F AND ABOVE. PHF/TCS FOOD SHALL BE REHEATED TO INTERNAL TEMPERATURE OF 165°F OR ABOVE TO LIMIT GROWTH OF PATHOGENS OR TOXINS.	COS
19	PHF/TCS FOOD (SEE * ABOVE) DID NOT MEET INTERNAL TEMPERATURE REQUIREMENT FOR HOT HOLDING. CORRECTION ACTION: SAID FOOD WERE REHEATED. PHF/TCS FOOD SHALL BE KEPT AT INTERNAL TEMPERATURE OF 140°F OR ABOVE TO LIMIT PATHOGEN GROWTH OR TOXIN FORMATION.	COS
52	DARK STAINS ON FLOOR UNDER DISH MACHINE; STAINED CEILING TILE IN DRY STORAGE ROOM NEAR THE VENT. PHYSICAL FACILITIES SHALL BE KEPT CLEAN TO PREVENT HARBORAGE OF PESTS OR MOLD GROWTH.	10/11/17

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) ABRIL P. LUTERA	Date: 9/11/17
DEH Inspector (Print and Sign) LEILANI NAVARRO, EPHD	Date: 09/11/17

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